

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

10008228

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED <i>Pre-Amot</i>	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
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TOTAL IND.	2	↓	↓	↓
TOTAL DEP.	1	↔	↔	↔
TOTAL CLAIMS	1	██████████	██████████	██████████

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	↓	↓
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS		██████████	██████████	██████████